

Insurance and Emergency Contact Form



American West Heritage Center
4025 S. Hwy 89-91
Wellsville, Utah 84339
435-245-6050
<http://www.awhc.org>

Please fill this form out completely. If you have not authorized us to give you first aid and medical attention YOU MUST FILL IN SECONDARY CONTACT INFORMATION.

In case of an emergency contact:

Emergency contact's first and last names (PRINT)

Phone Number

Cell Number

In the event that we cannot contact your Emergency contact person please give us the name and number of a secondary person to contact.

Secondary emergency contact's first and last names (PRINT)

Phone Number

Cell Number

Please list your health insurance information – this will only be used if transported to a hospital.

Health/Medical Insurance Company and Address

Policy Number

IMPORTANT: All sections of this document must be filled out completely and accurately or the participant may be denied participation in the *Willie Handcart Experience*.